REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 2-28-05 2 Seri	al/Paten	t #	021414
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing		1-11-05	\$50
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT SSO		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment		Credit Dep	osit A/C #:
Duplicate Payment	9	50	28 1 1
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: A JOHNSON TITLE: JURALEGAL SIGNATURE: A CALLANUM PHONE: 308-9140			
SIGNATURE: <u>A JUMWY</u> PHONE: <u>308-9140</u>			
OFFICE:			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED:	DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B